



**STREET & SIDEWALK VENDOR
LICENSE APPLICATION**
Complete in Duplicate

CITY LICENSE
(316) 268-4553

\$6.25 per day, per vehicle
\$31.75 per month, per vehicle
\$137.50 per six months, per vehicle
\$250.00 per year, per vehicle

BUSINESS INFORMATION:

| | | | |
|---------------------|--|---------------|--|
| BUSINESS NAME | | PHONE # | |
| BUSINESS ADDRESS | | | |
| ZIP CODE | | STARTING DATE | |
| TYPE OF MERCHANDISE | | ENDING DATE | |

APPLICANT INFORMATION (must be completed by person signing application):

| | | | |
|----------------|--|---------------|--|
| APPLICANT NAME | | PHONE # | |
| HOME ADDRESS | | ZIP CODE | |
| CITY, STATE | | DATE OF BIRTH | |

Complete the following for any additional people, who will be riding in the same vehicle-if more room is need, list on back:

| | | | |
|--------------|--|------------------|--|
| NAME | | DATE OF BIRTH | |
| HOME ADDRESS | | CITY, STATE, ZIP | |

| | | | |
|--------------|--|------------------|--|
| NAME | | DATE OF BIRTH | |
| HOME ADDRESS | | CITY, STATE, ZIP | |

| | | | |
|--------------|--|------------------|--|
| NAME | | DATE OF BIRTH | |
| HOME ADDRESS | | CITY, STATE, ZIP | |

I, _____, the above named applicant, do solemnly swear that I have read the contents of this application and that all information and answers herein contained are complete and true. In addition, I have read and understand all rules and regulations as set out in the City Code of Wichita. Furthermore, I hereby agree to comply with all of the laws of the State of Kansas, and all rules and regulations prescribed by the City of Wichita and I consent to the immediate revocation of my license, by the proper officials, for any violation of such laws, rules or regulations.

Signature of Applicant

Date

FOR OFFICIAL USE ONLY

| | | | | |
|-------------------|----------|------|-------------|------|
| | APPROVED | DATE | DISAPPROVED | DATE |
| Police Department | | | | |
| Health Department | | | | |
| LICENSE NUMBER | | | FEE | |